



Superior Court of California, County of Monterey

☐ Salinas ☐ Monterey ☐ King City ☐ Marina

Name/Nombre: _____ Case No./Num. Del Caso: _____

Next Court Date/Próxima Fecha de Corte: _____ Time/Hora: _____

Courtroom No./Numero de Sala: _____

Monterey County Public Defender's Office
Oficina del Defensor Publico
Salinas (831) 755-5058
Monterey (831) 647-7758

Monterey County Probation Department
Departamento de Probación
20 W. Alisal St., Salinas, CA
(831) 796-1200

Report to the Probation Department within three days to provide current address and phone number.

Repórtese al departamento de probación dentro tres días para verificar su domicilio y numero de teléfono actuales.

ADM-100 (Rev. September, 2012)

***Superior Court of California
County of Monterey***

☐ Salinas☐ Monterey☐ King City☐ Marina

Court Interpreter Daily Activity Log Unusual Expenses: _____
Page _____ of _____

Interpreter Name: _____

Language: _____

Month: _____ Day: _____ Year: _____

Language Code: _____

Activity Log is for:

☐ Court Employee: ☐ Intermittent ☐ Part-time ☐ Full-Time
☐ Cross-Assigned from _____ County

☐ Half-Day ☐ Full-Day ☐ Night Court

☐ Contractor -Certification Status:
☐ Certified ☐ Registered ☐ Provisionally Qualified

Complete Time and Mileage, only if applicable:

AM Time in _____ Time out: _____

☐ Miles Traveled Round Trip:

PM Time in: _____ Time out: _____

Location	Case Number	#	Case Type	Event Type	Space Available for Court
			T I M F DR DV DQ DP O _____	JH C A PT PX PL T S R O	
			T I M F DR DV DQ DP O _____	JH C A PT PX PL T S R O	
			T I M F DR DV DQ DP O _____	JH C A PT PX PL T S R O	
			T I M F DR DV DQ DP O _____	JH C A PT PX PL T S R O	
			T I M F DR DV DQ DP O _____	JH C A PT PX PL T S R O	
			T I M F DR DV DQ DP O _____	JH C A PT PX PL T S R O	
			T I M F DR DV DQ DP O _____	JH C A PT PX PL T S R O	
			T I M F DR DV DQ DP O _____	JH C A PT PX PL T S R O	
			T I M F DR DV DQ DP O _____	JH C A PT PX PL T S R O	
			T I M F DR DV DQ DP O _____	JH C A PT PX PL T S R O	
			T I M F DR DV DQ DP O _____	JH C A PT PX PL T S R O	
			T I M F DR DV DQ DP O _____	JH C A PT PX PL T S R O	
			T I M F DR DV DQ DP O _____	JH C A PT PX PL T S R O	
			T I M F DR DV DQ DP O _____	JH C A PT PX PL T S R O	
			T I M F DR DV DQ DP O _____	JH C A PT PX PL T S R O	
			T I M F DR DV DQ DP O _____	JH C A PT PX PL T S R O	
			T I M F DR DV DQ DP O _____	JH C A PT PX PL T S R O	
			T I M F DR DV DQ DP O _____	JH C A PT PX PL T S R O	
Total Number of Interpretations:					
			Interpreter's Signature: _____		

Date: _____

Interpreter Coordinator –Signature

Original – Interpreter Coordinator

Canary- Interpreter to submit with Claim

Pink – Interpreter's Copy

Superior Court of California, County of Monterey

INTERPRETER'S NOTICE OF AVAILABILITY FOR THE MONTH OF: _____

Date: _____

To: Court Interpreter Coordinator, _____.

From: _____, Interpreter Language: ☐ Spanish ☐ Other: _____

Court Employee: ☐ Regular Part-Time ☐ Intermittent Part-Time

Independent Contractor: ☐ Certified ☐ Non-Certified ☐ Registered ☐ Non-Registered

Your Notice of Availability must be submitted no later than the 20th of each month for the next month's scheduling. Your availability does not guarantee an assignment. If your Notice of Availability is received after the 20th of the month it will be assumed you are not available for an assignment.

Day	Day of the Week	A.M.	Court Assignment A.M.	P.M.	Court Assignment P.M.	All Day	Court Assignment All Day	Location
	Monday							
	Tuesday							
	Wednesday							
	Thursday							
	Friday							
	Monday							
	Tuesday							
	Wednesday							
	Thursday							
	Friday							
	Monday							
	Tuesday							
	Wednesday							
	Thursday							
	Friday							
	Monday							
	Tuesday							
	Wednesday							
	Thursday							
	Friday							
	Monday							
	Tuesday							
	Wednesday							
	Thursday							
	Friday							
	Monday							
	Tuesday							
	Wednesday							
	Thursday							
	Friday							

Y - Indicates you are scheduled to report on the date indicated.

N - Indicates an assignment is not available at the time, but subject to change.

Cancellation Policy: The Court requires a minimum of 24 hours advance notice.

Date: _____

Court Interpreter Coordinator



SUPERIOR COURT OF CALIFORNIA, COUNTY OF MONTEREY

☐ Salinas Division

☐ King City Division

The People of the State of California,

Plaintiff

vs

,Defendant

Case No. _____

CUSTODY STATUS

Charges: _____

TO: THE SHERIFF OF THE COUNTY OF MONTEREY

The Court hereby orders:

☐ case continued to: _____
Date Time Dept # Hearing

☐ defendant released from custody.

☐ defendant released on own recognizance (O.R.).

☐ defendant remanded to the custody of the Monterey County Sheriff.

☐ defendant discharged, case dismissed.

☐ bail set in the amount of \$ _____.

☐ no Bail.

☐ defendant sentenced to:

☐ county Jail ☐ state prison ☐ CA Youth Authority

☐ for a term of _____ GT/WT _____ CTS _____

☐ Future surrender date: ____/____/____ Time: _____

☐ Other: _____

Date: _____

CONNIE MAZZEI, Clerk of the Court

By: _____
Deputy Court Clerk

CUSTODY STATUS

SUPERIOR COURT OF CALIFORNIA

CASE# _____ RESPONDENT _____ CUSTODY STATUS: _____
 DATE: _____ JUDGE: _____ DDA: _____
 TIME: _____ CLERK: _____ RESP. ATTY.: _____
 DEPT: _____ REPORTER: _____
 EVENT: _____ OSC: _____ ADDT'L INFO: _____

A P P E A R A N C E S	APCCA	<input type="checkbox"/> DEPUTY COUNTY COUNSEL _____ APPEARED.
	APPUD	<input type="checkbox"/> DEPUTY PUBLIC DEFENDER _____
	APCNS	<input type="checkbox"/> COUNSEL FOR CONSERVATOR: _____
	APPUB	<input type="checkbox"/> DEPUTY PUBLIC GUARDIAN _____ IS PRESENT IN COURT.
	APOTH	<input type="checkbox"/> _____ PRESENT IN COURT
	APOTH	<input type="checkbox"/> _____ PRESENT IN COURT
	APRPT	<input type="checkbox"/> COURT REPORTER _____
T E S T I M O N Y	RE __	<input type="checkbox"/> RESPONDENT: OBJ <input type="checkbox"/> OBJECTS NOB <input type="checkbox"/> HAS NO OBJECTION
	DEM __	<input type="checkbox"/> PETITIONER <input type="checkbox"/> RESPONDENT DEMANDS A CT <input type="checkbox"/> COURT TRIAL JT <input type="checkbox"/> JURY TRIAL
	MIWMD	<input type="checkbox"/> DOCTOR _____ SWORNED AND TESTIFIES.
	MIWMC	<input type="checkbox"/> DOCTOR _____ SWORNED AND TESTIFIES.
	MIWOT	<input type="checkbox"/> _____ <input type="checkbox"/> SWORNED <input type="checkbox"/> TESTIFIED
	MIWOT	<input type="checkbox"/> _____ <input type="checkbox"/> SWORNED <input type="checkbox"/> TESTIFIED
	MIWPT	<input type="checkbox"/> PETITIONER SWORN AND TESTIFIES.
	MISW _	<input type="checkbox"/> RESPONDENT GIVES N <input type="checkbox"/> SWORN U <input type="checkbox"/> UNSWORN TESTIMONY
C O U R T O R D E R	MHGRD	<input type="checkbox"/> COURT FINDS THAT RESPONDENT IS GRAVELY DISABLED AS A RESULT OF MENTAL DISORDER.
	MHPGR	<input type="checkbox"/> COURT ORDERS PETITION GRANTED AS PRAYED.
	MHPDN	<input type="checkbox"/> COURT ORDERS PETITION DENIED.
	MH _ _	<input type="checkbox"/> COURT ORDERS MATTER DROPPED FROM CALENDAR AS THE PETITION HAS BEEN WDN <input type="checkbox"/> WITHDRAWN DIS <input type="checkbox"/> DISMISSED
	MHLEX	<input type="checkbox"/> COURT ORDERS LETTERS EXTENDED TO _____
	MHSUB	<input type="checkbox"/> MATTER SUBMITTED TO THE COURT, TAKEN UNDER SUBMISSION.
N E X T C O U R T D A T E	SH _ _ _	<input type="checkbox"/> MATTER CONTINUED TO _____ AT _____ IN _____ DEPT _____ FOR _____: FPL <input type="checkbox"/> FURTHER PLACEMENT REVIEW REV <input type="checkbox"/> REVIEW HEARING PTC <input type="checkbox"/> PRE-TRIAL TCT <input type="checkbox"/> COURT TRIAL TJR <input type="checkbox"/> JURY TRIAL
	SH _ _ _	<input type="checkbox"/> OTH: _____

SUPERIOR COURT OF CALIFORNIA
ROUTE SLIP

DATE: _____

TO: _____

FROM: _____ **EXT:** _____

FOR YOUR:

- | | |
|--|--|
| <input type="checkbox"/> ACTION | <input type="checkbox"/> COMMENTS |
| <input type="checkbox"/> INFORMATION | <input type="checkbox"/> APPROVAL |
| <input type="checkbox"/> SIGNATURE | <input type="checkbox"/> INITIAL & PASS ON |
| <input type="checkbox"/> REPLY | <input type="checkbox"/> DISCUSS WITH ME |
| <input type="checkbox"/> AS YOU REQUESTED | |
| <input type="checkbox"/> PLEASE RETURN | |
| <input type="checkbox"/> CIRCULATE TO ALL JUDGES/STAFF | |
| <input type="checkbox"/> OTHER: _____ | |

**SUPERIOR COURT OF CALIFORNIA
COUNTY OF MONTEREY**

Conservatorship

CASE NUMBER _____
IN RE THE CONSERVATORSHIP OF _____
SUPPLEMENTAL INFORMATION filed _____
CONFIDENTIAL CONSERVATOR SCREENING FORM _____
NOTICE TO COURT OF ADDRESSES _____
CAPACITY DECLARATION –CONSERVATOR _____
STATUS REPORT filed _____
(Conservatorship of the Person Only)
INVESTIGATOR'S REPORT filed _____
ANNUAL INVESTIGATOR'S REPORT filed _____
BIENNIAL INVESTIGATOR'S REPORT filed _____
BIENNIAL INVESTIGATOR'S REPORT filed _____
BIENNIAL INVESTIGATOR'S REPORT filed _____
APPLICATION FOR FEE WAIVER filed _____

Guardianship

CASE NUMBER _____
IN RE THE GUARDIANSHIP OF _____
SUPPLEMENTAL INFORMATION filed _____
SUPPLEMENTAL INFORMATION filed _____
CONFIDENTIAL GUARDIANSHIP SCREENING FORM _____
CONFIDENTIAL GUARDIANSHIP STATUS REPORT _____
PC156 – SCREENING REPORT _____
INVESTIGATIVE REPORT _____
APPLICATION FOR FEE WAIVER _____

CONFIDENTIAL DOCUMENTS

THIS ENVELOPE IS NOT TO BE OPENED EXCEPT BY COURT ORDER



Case No. _____

SUPERIOR COURT OF CALIFORNIA, COUNTY OF MONTEREY

ORDER CHECK SHEET

Date _____ Judge _____

The attached OSC/Order has been checked by the undersigned and approved as to:

_____ Date and time _____ days to hearing.

_____ TO/DVRO - Civil TRO

_____ Compared with Minute Order of: _____

_____ ☐ Approved by opposing counsel ☐ Not Approved ☐ Letter attached

_____ Ex parte order

_____ Stipulation and Order/Judgment

_____ Presiding judge please sign pursuant to CCP 635

_____ Other _____

_____ Comments _____

Please Return to: _____ (please print name)

[] Salinas Division
240 Church Street
Salinas, CA 93901
(831) 775-5400

[] King City Division
250 Franciscan Way
King City, CA 93930
(831) 386-5200

**SUPERIOR COURT OF CALIFORNIA, COUNTY OF MONTEREY
COURT REPORTER PAYMENT WORKSHEET**

DATE: _____

NAME: _____

This form must be submitted to the Court Reporter Coordinator for each day worked.

SALINAS	<input type="checkbox"/> A.M.	<input type="checkbox"/> P.M.	<input type="checkbox"/> ALL DAY
MONTEREY	<input type="checkbox"/> A.M.	<input type="checkbox"/> P.M.	<input type="checkbox"/> ALL DAY
JUVENILE COURT	<input type="checkbox"/> A.M.	<input type="checkbox"/> P.M.	<input type="checkbox"/> ALL DAY
KING CITY	<input type="checkbox"/> A.M.	<input type="checkbox"/> P.M.	<input type="checkbox"/> ALL DAY
MARINA TRAFFIC COURT	<input type="checkbox"/> A.M.	<input type="checkbox"/> P.M.	<input type="checkbox"/> ALL DAY

C.S.R. Signature: _____ Court Reporter Coordinator Initials _____

White: C.S.R. to Submit with Claim

Yellow: Court Reporter Coordinator Copy

Pink: C.S.R. Copy

PERSON TO BE RESTRAINED (complete name): _____

Sex: ☐ M ☐ F Ht.: _____ Wt.: _____ Hair color: _____ Eye color: _____ Race: _____ Age: _____ Date of birth: _____

☐ The defendant is a peace officer with _____ Department: _____

- GOOD CAUSE APPEARING, THE COURT ORDERS THAT THE ABOVE-NAMED DEFENDANT

- Date: _____

Department/Division:

NAME OF COURT AND DISTRICT, BRANCH, OR DIVISION, IF ANY: SUPERIOR COURT OF CALIFORNIA, COUNTY OF MONTEREY		FOR COURT USE ONLY
<input type="checkbox"/> Salinas Division 240 Church Street Salinas, CA 93901	<input type="checkbox"/> King City Division 250 Franciscan Way King City, CA 93930	
PEOPLE OF THE STATE OF CALIFORNIA vs. DEFENDANT:		
NOTICE OF TERMINATION OF PROTECTIVE ORDER IN CRIMINAL PROCEEDING (CLETS) (Penal Code, §§ 136.2 and 1203.097(a)(2)) <input type="checkbox"/> ORDER PENDING TRIAL <input type="checkbox"/> ORDER POST-TRIAL PROBATION CONDITION		ARRESTING AGENCY: REPORT NO.: CASE NUMBER:

THIS ORDER DOES NOT SUPERSEDE EXISTING FAMILY, JUVENILE, OR PROBATE COURT ORDERS

ORDER

1. THE COURT ORDERS:

Effective (date): _____, the Protective Order issued on (date): _____,
 restraining (name): _____,
 listing as protected person(s): _____,
 is terminated forthwith.

2. This supersedes all prior protective orders in the above-entitled case.

3. a. The clerk shall notify the arresting agency or local law enforcement of this order by facsimile transmission.
 b. ☐ The arresting agency or local law enforcement agency is responsible for entry of this order into the Domestic Violence Registry.
4. ☐ The prosecuting agency is ordered to notify the protected person(s) of this order.

Dated: _____

 JUDICIAL OFFICER

SUPERIOR COURT OF CALIFORNIA

COUNTY OF MONTEREY

PEOPLE OF THE STATE OF CALIFORNIA,

Plaintiff,

vs.

Defendant.

CASE NO. _____

☐ O/R AGREEMENT

☐ PRETRIAL SERVICES O/R
AGREEMENT

AS A CONDITION OF MY RELEASE ON MY OWN RECOGNIZANCE IN THE ABOVE MATTER, I
AGREE:

1. To appear at all times and places as ordered by the Court releasing me and as ordered by any Court in which a charge is subsequently pending; and at all pretrial motions made by any party;
2. To obey all reasonable conditions imposed by the Court;
3. To not leave the State of California without the Court's permission;
4. To waive extradition if I fail to appear as required and am apprehended outside the State of California;

I acknowledge that a consequence of my violating this agreement is that the Court may revoke my release on my own recognizance and require that I post bail. I also acknowledge that if I willfully fail to make a court appearance in order to evade the process of the Court, I may be prosecuted for a misdemeanor violation of Penal Code Section 1320(a) if my charge in this case includes a misdemeanor and for a felony violation of Penal Code Section 1320(b) if a charge in this case includes a felony.

☐ For further conditions of pretrial services release, see minute order.

Executed at _____, CA on _____, 20__.

Signature of Defendant

Address City State Zip

Telephone Number

NEXT COURT APPEARANCE:

DATE: _____
DEPT: _____
TIME: _____

☐ 240 Church Street, Salinas, CA 93901
☐ 250 Franciscan Way, King City, CA 93930

Superior Court of California, County of Monterey

Minute Order Clarification or Correction Needed

Date: _____ Case Number: _____

To: Supervisor _____

From: After Court Processing Unit _____

Date(s) of Minute Order in Question: _____

This case is being returned for clarification or correction as follows:

Date: _____ To Courtroom Clerk Supervisor: _____
☐ File Tracking Updated

Date: _____

To: Courtroom Clerk _____

From: Supervisor _____

Correction/Clarification due by: _____ ☐ File Tracking Updated

Please return this form to your supervisor after taking action.

Date: _____

To: Supervisor _____

From: Courtroom Clerk _____

Correction/Clarification made on _____ ☐ File Tracking Updated

**SUPERIOR COURT OF CALIFORNIA
COUNTY OF MONTEREY**

PEOPLE OF THE STATE OF CALIFORNIA,

Plaintiff,

CASE NUMBER: _____

VS.

Defendant.

**WAIVER OF RIGHTS
PLEA OF "GUILTY" OR "NO CONTEST"**

1. My true full name is: _____ DOB: _____

2. I understand that:

(a) I am pleading "Guilty" / "No Contest" to the offense(s) charged: _____

(b) I am admitting the prior conviction(s) and/or special allegation(s) charged: _____

3. I understand, and I freely and voluntarily give up, the following constitutional rights:

(a) I understand, and I give up, my right to a speedy and public trial by jury or Court.

(b) I understand, and I give up, my right to confront the witnesses against me.

(c) I understand, and I give up, my right to present evidence on my own behalf and to have witnesses compelled to testify on my behalf.

(d) I understand, and I give up, my right to remain silent.

(e) I understand, and I give up, my right to be represented by an attorney at all stages of the proceedings and, if I cannot afford an attorney, my right to have an attorney appointed by the court to represent me.

4. I understand the maximum sentence I could receive for the offense(s). (***Review and sign reverse side.***)

5. If I am not a citizen of the United States, I understand that my plea of "Guilty" or "No Contest" to these charges will result in deportation, exclusion from admission to the United States, denial of naturalization or amnesty, and/or denial of re-entry into this country.

6. If I am currently on probation or parole in any other case, I understand that my plea of "Guilty" or "No Contest" to these charges constitutes grounds for revoking probation or parole previously granted to me in any other case.

I understand that I am giving up these rights, and I understand the possible penalties and other consequences of my plea. Knowing my rights and the consequences of my plea, I enter a plea of "Guilty" or "No Contest."

DATE: _____

SIGNATURE: _____

PLEASE READ, DATE, AND SIGN BOTH SIDES OF THIS FORM

I certify that I translated this form to the defendant who acknowledged understanding its contents before signing.

Language: Spanish / Other: _____

SPECIFY OTHER

INTERPRETER'S SIGNATURE OR PRINT NAME

DATE

Upon inquiry, the Court finds that there is a factual basis for the plea and further that this defendant understands the possible penalties and consequences of his/her plea and that he/she understands and knowingly, voluntarily, and intelligently waives each of the above rights.

Date: _____

JUDGE OF THE SUPERIOR COURT

W A I V E R O F R I G H T S

I understand that the maximum sentence is

☐ 1 year in jail and a fine of \$1000 plus penalty assessments

☐ 6 months in jail and a fine of \$1000 plus penalty assessments

Other: _____

I understand that in addition to the statutory fines, mandatory assessments and fees will be imposed that will significantly increase the amount I have to pay. Also, I will be ordered to make victim restitution and to pay a restitution fine of \$140 to \$1000 unless the Court finds compelling and extraordinary reasons not to do so.

DRIVING UNDER THE INFLUENCE OF ALCOHOL AND/OR DRUGS (V.C. SECTION 23152)		
PENALTIES AND PUNISHMENT		
Offense	Minimum and Maximum Sentence When Probation is Granted (3 to 5 years)	Minimum and Maximum Sentence without Probation
FIRST OFFENSE Within 10 Years	(A) 48 HOURS TO 6 MONTHS IN JAIL (B) A FINE OF \$390 TO \$1000 PLUS PENALTY ASSESSMENTS (C) DMV WILL IMPOSE A 6-MONTH DRIVER'S LICENSE SUSPENSION (D) ATTEND A 3 OR 9 MONTH 1 ST OFFENDER ALCOHOL PROGRAM	96 HOURS TO 6 MONTHS IN JAIL; FINE OF \$390 TO \$1000 PLUS ASSESSMENTS; LICENSE SUSPENDED 6 MONTHS
SECOND OFFENSE Within 10 Years	(A) 10 DAYS TO 1 YEAR IN JAIL (B) A FINE OF \$390 TO \$1000, PLUS PENALTY ASSESSMENTS (C) DMV WILL IMPOSE A 2-YEAR DRIVER'S LICENSE SUSPENSION (D) ATTEND 18 MONTH OR 30 MONTH MULTIPLE OFFENDER ALCOHOL PROGRAM	90 DAYS TO 1 YEAR IN JAIL; FINE OF \$390 TO \$1000 PLUS ASSESSMENTS; LICENSE SUSPENDED 2 YEARS.
THIRD OFFENSE Within 10 Years	(A) 120 DAYS TO 1 YEAR IN JAIL (B) A FINE OF \$390 TO \$1000, PLUS PENALTY ASSESSMENTS (C) DMV WILL IMPOSE A 3-YEAR DRIVER'S LICENSE REVOCATION (D) ATTEND 18 OR 30-MONTH ALCOHOL PROGRAM IF YOU HAVE NOT COMPLETED ONE BEFORE. DESIGNATED HABITUAL TRAFFIC OFFENDER.	120 DAYS TO 1 YEAR IN JAIL; \$390 TO \$1000 FINE; LICENSE REVOKED 3 YEARS; DESIGNATED HABITUAL TRAFFIC OFFENDER.
FOURTH OR SUBSEQUENT OFFENSE Within 10 Years	(A) 180 DAYS TO 1 YEAR IN JAIL (B) \$390 TO \$1000 FINE, PLUS PENALTY ASSESSMENTS (C) DMV WILL IMPOSE A 4-YEAR DRIVER'S LICENSE REVOCATION (D) AN 18 OR 30-MONTH ALCOHOL PROGRAM IF YOU HAVE NOT COMPLETED ONE BEFORE. DEFENDANT MAY REQUEST TO PARTICIPATE IN A 30-MONTH TREATMENT PROGRAM. DESIGNATED AS HABITUAL TRAFFIC OFFENDER.	180 DAYS TO 1 YEAR IN JAIL; \$390 TO \$1000 FINE; LICENSEE REVOKED 4 YEARS; DESIGNATED AS HABITUAL TRAFFIC OFFENDER.

DRIVER'S LICENSE SUSPENSION/REVOCATION: I understand that if I plead guilty or no contest to an offense of driving under the influence (Vehicle Code section 23152 or 23153) my driver's license will be suspended for a period of between 6 months and 4 years as set forth in the table above. I understand that my driving privileges may not be restored until I have provided satisfactory proof to the Department of Motor Vehicles that I have successfully completed a driving-under-the-influence program of the required length from a provider that is licensed under Health and Safety Code section 11836. Individuals whose licenses have been suspended may apply to the DMV for a restricted license permitting them to drive for work purposes. However, the Court may prohibit the DMV from issuing a restricted license if it determines that I would pose a traffic safety or public safety threat if allowed to drive.

UNDER 21 YEARS OF AGE: If applicable - I understand that if I was under the age of 21 at the time of my arrest, my driver's license will also be suspended for 1 year, and I must surrender my license to the Court. If I do not have a valid driver's license, the Court will order the Department of Motor Vehicles (DMV) to delay issuing a license to me for 1 year after I become eligible to drive.

VEHICLE IMPOUNDMENT: For a first offense of 23152, the court may impound the vehicle at the defendant's expense for up to 30 days; for a second offense, the court shall impound the vehicle up to 30 days; for a third or subsequent offense within 5 years, the court shall impound the vehicle for up to 90 days or order defendant's vehicle forfeited.

IGNITION INTERLOCK DEVICE INSTALLATION: I understand that I may be ordered to install an ignition interlock device on any vehicle that I own or to which I have access for up to three years.

FARM LABOR CERTIFICATE: I also understand that if I plead guilty or no contest to an offense of driving under the influence of an alcoholic beverage (VC 23152a or 23153), reckless driving, or driving on a suspended or revoked driver's license, the Department of Motor Vehicle will revoke or not issue a Farm Labor Vehicle Certificate for 3 years.

COMMERCIAL DRIVER'S LICENSE DISQUALIFICATION: I understand that if I plead guilty or no contest to an offense of driving under the influence of an alcoholic beverage (VC 23152 or 23153) or willfully refusing to submit to or complete a blood-alcohol test I will be disqualified from operating a commercial vehicle for 1 year, unless this is my second offense for these matters in which case I understand that I will be disqualified from operating a commercial vehicle for life. These penalties will apply regardless of whether or not I was operating a commercial vehicle at the time of my offense. I also understand that if I am convicted of more than one violation of any of the offenses listed in VC 15302, I will be disqualified from operating a commercial vehicle for the rest of my life.

VC 23593 ADVISEMENT: I understand being under the influence of alcohol or drugs, or both, impairs the ability to safely operate a vehicle. Therefore, it is extremely dangerous to human life to drive while under the influence of alcohol or drugs, or both. Furthermore, I understand that if I continue to drive while under the influence of alcohol or drugs, or both, and, as a result of that driving, someone is killed, I can be charged with murder.

I HAVE READ AND UNDERSTAND THE MINIMUM AND MAXIMUM SENTENCES AND THE CONSEQUENCES FOR THE OFFENSE(S) TO WHICH I AM PLEADING "GUILTY" OR "NO CONTEST".

Date: _____

Defendant

**SUPERIOR COURT OF CALIFORNIA
COUNTY OF MONTEREY**

PEOPLE OF THE STATE OF CALIFORNIA,
Plaintiff,

VS.

Defendant.

NUMERO DE CASO: _____

**RENUNCIA DE DERECHOS
DECLARACION "CULPABLE" O "NO DISPUTO LOS CARGOS"**

(WAIVER OF RIGHTS)
PLEA OF "GUILTY" OR "NO CONTEST"

1. Mi nombre y apellido verdadero es _____ Fecha de Nac. _____
2. Comprendo que:
 - (a) Estoy declarándome "Culpable" o "No Disputo los Cargos".
 - (b) Admito la convicción anterior(es) y/o la alegación(es) especiales.
3. Comprendo, y renuncio voluntariamente y libremente, los siguientes derechos constitucionales:
 - (a) Comprendo, y renuncio, mi derecho a un proceso rápido y público ante un jurado o Juez.
 - (b) Comprendo, y renuncio, mi derecho de confrontar a los testigos en mí contra.
 - (c) Comprendo, y renuncio, mi derecho de presentar evidencia en mi propio favor y obligar testigos que se presenten en mi favor.
 - (d) Comprendo, y renuncio, mi derecho de guardar silencio.
 - (e) Comprendo, y renuncio, mi derecho de ser representado por un abogado en todas etapas del proceso y, si no puedo contratar a un abogado, mi derecho de tener a un abogado nombrado por el tribunal para que me represente.
4. Comprendo la pena máxima que podría recibir por la ofensa(s). **(Revise y Firme el lado reverso.)**
5. Si no soy ciudadano de los Estados Unidos, yo entiendo que mi declaración de "Culpable" o "No Disputo los Cargos" resultara en deportación, exclusión de admisión a los Estados Unidos, negarle la naturalización, la amnistía, y/o la entrada de regreso a este país.
6. Si estoy actualmente en libertad condicional o libertad vigilada en cualquier otro caso, yo Comprendo que mi declaración de "Culpable" o "No Disputo los Cargos" constituye motivo para revocar la libertad condicional o la libertad vigilada que se me impuso previamente en otro caso(s).

Comprendo que renuncio estos derechos, y yo Comprendo las penas posibles y otras consecuencias de mi declaración. Sabiendo mis derechos y las consecuencias de mi declaración, yo entro una declaración de "Culpable" o "No Disputo los Cargos"

FECHA: _____

FIRMA: _____

POR FAVOR, LEA, FIJE LA FECHA, Y FIRME AMBOS LADOS DE ESTA FORMA

I certify that I read this form to the defendant who acknowledged understanding its contents before signing.

INTERPRETER'S SIGNATURE OR PRINT NAME

DATE

Upon inquiry, the Court finds that there is a factual basis for the plea and further that this defendant understands the possible penalties and consequences of his/her plea and that he/she understands and knowingly, voluntarily, and intelligently waives each of the above rights.

Date: _____

JUDGE OF THE SUPERIOR COURT

W A I V E R O F R I G H T S

- ☐ Un año en la cárcel y una multa de \$1000 más impuestos penal.
- ☐ 6 meses en la cárcel y una multa de \$1000 más impuestos penal.

Otro: _____

Yo Comprendo que además de las multas establecido por la ley, se impondrán impuestos pena, esto aumentará apreciablemente la cantidad que tengo que pagar. También será ordenado hacer la restitución de víctima y/o pagar una multa de restitución de \$100 a \$1000 a menos que el Tribunal encuentre razones urgentes o extraordinarias para no hacer la orden.

MANEJAR BAJO LA INFLUENCIA DE ALCOHOL Y/O DROGA (V.C. SECCION 23152)
PENA Y CONDENA

PRIMERA OFENSA Dentro de 10 Años	(A) 48 HORAS A 6 MESES EN LA CARCEL (B) UNA MULTA DE \$390 A \$1000 MÁS IMPUESTOS PENAL. (C) SUSPENSION DE SU LICENCIA DE CONDUCIR POR 6 MESES. (D) UN PROGRAMA DE ALCOHOL DE PRIMER OFENSA DE 3 A 9 MESES.	DE 96 HORAS A 6 MESES EN LA CARCEL; MULTA DE \$390 A \$1000 MAS IMPUESTOS PENAL. LA LICENCIA SUSPENDIDA 6 MESES
SEGUNDA OFENSA Dentro de 10 Años	(A) 10 DIAS A UN (1) AÑO EN LA CARCEL (B) UNA MULTA DE \$390 A \$1000, MAS IMPUESTOS PENAL. (C) SUSPENSION DE 2 AÑOS DE SU LICENCIA DE CONDUCIR (D) UN PROGRAMA DE ALCOHOL DE 18 O 30 MESES	90 DIAS A 1 AÑO EN LA CARCEL; MULTA DE \$390 A \$1000 MAS IMPUESTOS PENAL; SUSPENSION DE 2 AÑOS DE LICENCIA.
TERCERA OFENSA Dentro de 10 Años	(A) 120 DIAS A 1 AÑO EN LA CARCEL (B) UNA MULTA DE \$390 A \$1000 MÁS IMPUESTOS PENAL. (C) DMV IMPONDRA UNA REVOCACION DE 3 AÑOS DE SU LICENCIA DE CONDUCIR Y DESIGNADO OFENSOR HABITUAL DE TRAFICO. (D) UN PROGRAMA DE ALCOHOL DE 18 A 30 MESES SI USTED NO HA COMPLETADO UNO PROGRAMA ANTERIORMENTE.	120 DIAS A 1 AÑO EN LA CARCEL; \$390 A \$1000 MULTA MAS IMPUESTOS PENAL; REVOCACION DE LICENCIA POR 3 AÑOS; DESIGNADO OFENSOR HABITUAL DE TRAFICO.
CUARTA OFENSA O SUBSIGUIENTE Dentro de 10 Años	(A) 180 DIAS A 1 AÑO EN LA CARCEL (B) \$390 OT \$1000 EVALUACIONES FINAS y POSITIVAS DE PENA (C) DMV IMPONDRA UNA REVOCACION DE 3 AÑOS DE SU LICENCIA DE CONDUCIR Y DESIGNADO OFENSOR HABITUAL DE TRAFICO. (D) UN PROGRAMA DE ALCOHOL DE 18 A 30 MESES SI USTED NO HA COMPLETADO UNO PROGRAMA ANTERIORMENTE ANTES.	180 DIAS A 1 AÑO EN LA CARCEL; \$390 A \$1000 MAS IMPUESTO PENAL, REVOCACION DE LICENCIA POR 3 AÑOS; DESIGNADO OFENSOR HABITUAL DE TRAFICO.

SUSPENSION/REVOCACION DE LICENCIA DE CONDUCIR: Comprendo que si me declaro culpable o no dispueto los cargos a una ofensa de conducir bajo la influencia de alcohol y/o drogas o ambos (la sección de Código de Vehículo 23152 o 23153) mi licencia será suspendida/ revocada por un periodo de 6 meses a 4 años, como indicado en el cuadro arriba. Yo comprendo que me privilegio de conducir no será restituible hasta que satisfactoriamente compruebe al Departamento de Vehículos que he completado exitosamente el programa de alcohol de un proveedor que es licenciado bajo el código de Salud y la Seguridad sección 11836. Individuos quien tienen sus licencia suspendida pueden aplicar al DMV para una licencia restringida que me permite manejar solamente ida y vuelta a su trabajo y durante el transcurso de su empleo (a menos que usted tenga una licencia de manejar comercial) e ida y vuelta al programa de alcohol, al trabajo y en el trabajo. Sin embargo, el Juez puede prohibir al DMV de otorgar una licencia restringida si se determina que presento una amenaza de seguridad a tráfico o al público si se me permite a conducir.

MENOS DE 21 AÑOS DE LA EDAD: Si aplicable, comprendo que si estaba bajo la edad de 21 años, al tiempo de mi arresto, mi licencia de conducir será suspendida por un 1 año, y tendré que rendir mi licencia al Juez. Si yo no tengo licencia valida de conducir, el Juez ordenará al Departamento de Vehículos (DMV) que demore mi privilegio de obtener una licencia hasta que haga cumplido un (1) año y yo llevo a ser elegible para conducir.

CONFISCACION DEL VEHICULO: Por la primera Ofensa de 23152, el Juez puede confiscar su vehículo por 30 días y esta sujeto a cobros de almacenamiento. Por la Segunda Ofensa de 23152, el Juez le confiscara el vehículo al costo suyo por 30 días y esta sujeto a cobros de almacenamiento. Tercer o subsecuente ofensa dentro de 5 años, el Juez confiscara el vehículo por 90 días o ordenará la perdido del vehículo y esta sujeto a cobros de almacenamiento.

INSTALACION DEL APARATO DE ALCOHOLIMETRO (IID): Comprendo que el Juez puede ordenar que instale un aparato de alcoholímetro en cualquier vehículo que poseo o tenga acceso hasta tres (3) años.

CERTIFICADO DE LABOR AGRICOLA: Comprendo también que si me declaro culpable o no dispueto los cargos a una ofensa de manejar bajo la influencia de alcohol (VC 23152a o 23153), conducir descuidadamente, o manejar con la licencia suspendida o revocada el Departamento de Vehículos revocará o no otorgara un Certificado de Labor Agrícola por tres (3) años.

DESCALIFICACION DE LICENCIA DE CONDUCIR COMERCIAL: Comprendo que si me declaro culpable o no dispueto los cargos a una ofensa de conducir en la influencia de alcohol (VC 23152 o 23153) o voluntariamente mi negué a someter o ha completar una prueba de sangre/alcohol seré descalificado de operar un vehículo comercial durante 1 años, a menos que esta sea mi segunda ofensa entiendo que seré descalificado de operar un vehículo comercial por el resto de mi vida. Esta pena se aplicará aunque no haga manejado un vehículo comercial al tiempo de la ofensa. Y también comprendo que si soy condenado de más de una violación de cualquier ofensas nombrada en la sección de código vehículo 15302, seré descalificado de operar un vehículo comercial para el resto de mi vida.

ADVERTENCIA DE CODIGO VC 23593: Comprendo que al manejar en la influencia del alcohol o drogas, o ambos, imparo la habilidad de conducir seguramente un vehículo. Por lo tanto, es muy peligroso a la vida humana conducir bajo la influencia de alcohol o droga, o los dos. Además, si continúo a conducir bajo la influencia del alcohol o drogas, o ambos comprendo que puedo ser acusado de asesinato si alguien pierde la vida.

YO HE LEIDO Y COMPRENDIDO LAS PENA MINIMA Y MAXIMA Y LAS CONSECUENCIAS DE MI DECLARACION "CULPABLE" O "NO DISPUTO LOS CARGOS".

FECHA: _____

FIRMA: _____

SUPERIOR COURT OF CALIFORNIA

COUNTY OF MONTEREY

CASE NUMBER _____

Title of Action:

_____ DEFENDANT'S FINANCIAL STATEMENT

_____ FEE WAIVER APPLICATION

_____ JUDGE'S NOTES

_____ LAW ENFORCEMENT INFORMATION SHEET

_____ MEDICAL REPORT

_____ POLICE REPORT

_____ PROBATION REPORT

_____ SUPPLEMENTAL PROBATION REPORT

_____ OTHER: _____

_____ OTHER: _____
=====

**NOT TO BE OPENED
EXCEPT BY ORDER OF COURT**

MCR-48 Envelope (New June 2011)



**SUPERIOR COURT OF CALIFORNIA
COUNTY OF MONTEREY**

BAIL INFORMATION

Defendant _____

Case # _____ Bond # _____

Date Cont. To: _____

Bail/Bond ftd. _____

Bail/bond Reinstated _____

Bail/Bond Exonerated _____

Costs \$ _____ Due _____

Case Tranf. Sup. _____

CR Case # _____

Judge _____

MCR-67 (Rev. May 2004)

SUPERIOR COURT OF CALIFORNIA, COUNTY OF MONTEREY <input type="checkbox"/> SALINAS 240 Church Street Salinas, CA 93902		<input type="checkbox"/> KING CITY 250 Franciscan Way King City, CA 93930	<input type="checkbox"/> MARINA 3180 Del Monte Blvd Marina, CA 93933	For Court Use Only Case No.: Next Court Date:
PEOPLE OF THE STATE OF CALIFORNIA VS.		PLAINTIFF: DEFENDANT		
ALCOHOL PROGRAM REFERRAL				

The above named defendant has been ordered to enroll, participate and complete the following program.

Referral Date: _____ **BAC:** _____

DUI Conviction

☐ **3 Month First Offender**

☐ **9 Month First Offender (BAC +.20 or Refusal)**

☐ **18 Month Multiple Offender**

☐ **Comments:** _____

23103.5 (Wet Reckless) Conviction

☐ **12 Hour Educational Program (23103.5)**

☐ **9 Month Program w/prior 23103.5, 23152, or 23153**

Instructions to Defendant: You must contact the alcohol program agency **within (3) working days** to schedule an interview. Failure to comply as directed will result in a loss of driving privileges and/or incarceration in the county jail or both. A fee will be charged for the program.

Instrucciones al Acusado: Usted debe ponerse en contacto con la agencia de Programa de Alcohol dentro **(3) días de trabajo** (Lunes a Viernes) para hacer una cita para una entrevista. Falta de cumplir tendrá resultados de pérdida de su privilegio de manejar y/o encarcelamiento en la cárcel de condado, o ambos. Usted tendrá que pagar una cuota al programa.

Sun Street Centers

Service areas:

SALINAS: (831) 753-5140

SOUTH COUNTY: (831) 385-0100

(Call for an appointment)

Main Office:

11 Peach Dr., Salinas, CA

Salinas, CA 93912

1-800-427-4794

Sun Street Education Center

Service areas:

MONTEREY PENINSULA (831) 393-9316

(Call for an appointment)

Seaside Office:

1760 Fremont Blvd., Suite E-1

Seaside, CA 93955

(831) 393-9316

For Program Use Only:

From: ☐ Sun Street Center ☐ Sun Street Education Center

To : Superior Court of California

The Defendant failed to comply as indicate below, this referral is hereby returned to the Court for further action.

☐ **FAILED TO ENROLL**

☐ **LOSS OF CONTACT- PAST 21 DAYS**

☐ **EXCESSIVE ABSENCES**

☐ **FAILED TO MAINTAIN SOBRIETY**

☐ **TERMINATED:**

☐ **FAILED TO COMMENCE PROGRAM IN REQUIRED NUMBER OF DAYS**

☐ **FAILED TO START PROGRAM IN REQUIRED DAYS OF TRANSFER**

☐ **DISRUPTIVE BEHAVIOR**

☐ **FAILED TO PAY PROGRAM FEES**

COMMENTS: _____

I declare under penalty of perjury that the above is true and correct to the best of knowledge.

Dated: _____

By: _____

SUPERIOR COURT OF CALIFORNIA

☐ KING CITY DIVISION

☐ MONTEREY DIVISION

☐ SALINAS DIVISION

CASE NO. _____ PEOPLE V. _____
 DATE: _____ TIME: _____ DEPARTMENT: _____ D.O.B. _____
 JUDGE: _____ CLERK: _____
 VIOL. DATE: _____ AGENCY: _____ DA: _____ (APDDA)
 NATURE OF PROCEEDINGS: _____ CUSTODY STATUS: _____
 CHARGES: _____

THIS IS A PERMANENT RECORD, ATTACHED TO AND PART OF THE OFFICIAL DOCKET IN THIS COURT-DO NOT DESTROY

JURY TRIAL MINUTES

TAPE NO: _____

CHARGES: _____

APWAT ☐ DEFENDANT APPEARED WITH COUNSEL _____ INTAF ☐ _____ LANGUAGE INTERPRETER
 APDPD ☐ DEF. APPEARED W/PUB. DEF. _____ APPEARED (OATH ON FILE).
 APFTA ☐ DEFENDANT FAILED TO APPEAR. WWBWO ☐ B/W ORDERED, BAIL SET AT \$ _____
 BBFOB ☐ B/B NO. _____ FORFEITED. BBFOC ☐ CASH BAIL FORFEITED.

JTJPS ☐ PROSPECTIVE JURORS ARE PRESENT AND SEATED IN COURTROOM. TRRCT ☐ ROLL CALL TAKEN.
 JTPJR ☐ PROSPECTIVE JURORS SWORN. JTCOM ☐ JURY TRIAL COMMENCED
 JTSET ☐ _____ PROSPECTIVE JURORS CALLED AND SEATED IN JURY BOX. JTCAJ ☐ COURT ADVISES PROSPECTIVE JURORS OF NATURE OF CHARGE(S).
 JTINT ☐ DISTRICT ATTORNEY, DEFENDANT'S COUNSEL AND DEFENDANT ARE INTRODUCED.
 JTPW ☐ NAMES OF PROSPECTIVE WITNESSES: A ☐ GIVEN B ☐ NOT GIVEN.
 JTEXM ☐ PROSPECTIVE JURORS EXAMINED AS A GROUP AND INDIVIDUALLY BY COURT/PEOPLE/COUNSEL AND ARE PASSED FOR CAUSE.
 JTCAU ☐ PEREMPTORY CHALLENGES AND JURORS EXCUSED FOR CAUSE INCORPORATED AS PART OF THE RECORD.
 JTPER ☐ PEREMPTORY CHALLENGES CONTINUE. JTSEP ☐ SECOND PANEL SUMMONED AND SWORN.
 JTJUR ☐ THE FOLLOWING TWELVE PERSONS ARE SWORN TO TRY THIS CASE.

1. _____	7. _____
2. _____	8. _____
3. _____	9. _____
4. _____	10. _____
5. _____	11. _____
6. _____	12. _____

JTALJ ☐ ALTERNATE JURORS. _____
 TRPTJ ☐ UPON ORDER OF THE COURT, THE FOLLOWING PERSON IS DULY SWORN TO ACT AS ALTERNATE TRIAL JUROR: _____
 TRPEX ☐ THE REMAINING PROSPECTIVE JURORS ARE EXCUSED. JTADR ☐ JURORS ADMONISHED. RECESS FOR _____
 TRBOS ☐ CAUSE CALLED. APPEARANCES AS HERETOFORE STATED. DEFENDANT PRESENT WITH COUNSEL. JURY PRESENT AND SEATED IN JURY BOX.
 TRCOF ☐ OPENING STATEMENT MADE ON BEHALF OF THE PEOPLE. TROSA ☐ OPENING STATEMENT MADE BY DEFENSE.
 TROSB ☐ OPENING STATEMENT RESERVED BY DEFENSE.
 MOXW ☐ MOTION TO EXCLUDE WITNESSES GRANTED WITH EXCEPTION OF THE INVESTIGATING OFFICER. MOTION MADE BY:
 A ☐ PROSECUTION B ☐ DEFENSE
 TRINV ☐ _____ IS DESIGNATED AS THE INVESTIGATING OFFICER BY COUNSEL FOR THE PEOPLE.

MIWTP ☐ THE FOLLOWING WITNESSES SWORN TO TESTIFY ON BEHALF OF THE PEOPLE

MIFP ☐ EXHIBITS ON BEHALF OF THE PEOPLE:

C ☐ MARKED E ☐ RECEIVED

TRPEO ☐ PEOPLE REST.

TROSA ☐ OPENING STATEMENT MADE BY DEFENSE.

MIWTD ☐ THE FOLLOWING WITNESSES SWORN TO TESTIFY ON BEHALF OF THE DEFENDANT:

TROSC ☐ OPENING STATEMENT WAIVED BY DEFENSE.

MIED ☐ EXHIBITS ON BEHALF OF THE DEFENDANT:

A ☐ MARKED B ☐ RECEIVED

TRDRA ☐ DEFENSE RESTS.

TRREW ☐ REBUTTAL WITNESSES: _____

MIWOR ☐ THE FOLLOWING WITNESSES ORDERED TO RETURN: _____

TROPC ☐ OUT OF THE PRESENCE OF THE JURY, _____

MO18 ☐ MOTION OF DEFENSE PURSUANT TO PC 1118.1 FOR ENTRY OF JUDGMENT OF ACQUITTAL:

A ☐ AS TO COUNT(S) _____ IS GRANTED.

B ☐ AS TO COUNT(S) _____ IS DENIED.

C ☐ AS TO COUNT(S) _____ IS SUBMITTED.

TROPJ ☐ OUT OF THE PRESENCE OF JURORS, JURY INSTRUCTIONS ARE DISCUSSED.

TRCAP ☐ ARGUMENT ON BEHALF OF THE PEOPLE PRESENTED.

TRCAO ☐ ARGUMENT ON BEHALF OF THE DEFENDANT PRESENTED.

TRCAR ☐ CLOSING ARGUMENT ON BEHALF OF THE PEOPLE PRESENTED.

TRINS ☐ THE COURT FULLY INSTRUCTS THE JURY AS TO THE LAW.

TRBSJ ☐ BAILIFF _____ IS DULY SWORN TO

TRRDU ☐ _____: THE JURY RETIRES TO DELIBERATE UPON A VERDICT.

TAKE CHARGE OF THE JURY.

TRREL ☐ COURT INFORMS PARTIES OF NOTES RECEIVED FROM JURORS.

TRDER ☐ JURORS REQUEST COMPLIED WITH.

TRRDG ☐ _____: THE JURY RETIRES TO DELIBERATE FURTHER.

TRJRW ☐ _____: JURY RETURNS WITH A VERDICT.

CDTV ☐ WE THE JURY IN THE ABOVE-ENTITLED CAUSE FIND THE DEFENDANT:

C ☐ GUILTY AS TO COUNT _____ VIOLATION OF _____

D ☐ NOT GUILTY AS TO COUNT _____ VIOLATION OF _____

TRJRC ☐ _____: JURY RETURNED INTO OPEN COURT AND STATED THEY WERE UNABLE TO AGREE UPON A VERDICT.

CDMA ☐ COURT DECLARES A MISTRIAL AS TO COUNT _____ VIOLATION OF _____

A ☐ JURY UNABLE TO REACH VERDICT B ☐ _____

CDMB ☐ COURT DECLARES A MISTRIAL AS TO ALL COUNTS: A ☐ JURY UNABLE TO REACH VERDICT B ☐ _____

JTFOR ☐ DATED: _____ FOREPERSON: _____

JTPO ☐ POLLING OF JURY: A ☐ WAIVED B ☐ REQUESTED BY _____

SHFJT ☐ FURTHER HEARING ON JURY TRIAL CONTINUED TO _____ AT _____ IN _____ COURTROOM _____

SH ☐ CONTINUED TO _____ AT _____ IN _____ COURTROOM _____ FOR _____

MCR- 92 PRELIMINARY HEARING (Rev. 10/04)	ORIGINAL - JAIL	CANARY - COURT	PINK - DA	LT. BLUE - PROB.	GREEN - ATTY	GOLDENROD - DEFENDANT
--	-----------------	----------------	-----------	------------------	--------------	-----------------------

CUSTODY STATUS	CSR <input type="checkbox"/> DEF. TO REMAIN: OR <input type="checkbox"/> ON O.R. EB <input type="checkbox"/> ON BAIL CSFRK <input type="checkbox"/> ON BAIL/O.R. ON COND.	
	CSFRG <input type="checkbox"/> DEF IS RELEASED AS TO THIS CASE ONLY MICNB <input type="checkbox"/> THIS CASE AMENDED FROM MISD TO A FELONY LEVEL, REFER TO CASE#	
CUSTODY STATUS	CSR IC <input type="checkbox"/> DEF TO REMAIN-IN-CUSTODY CSFR DEF IS: A <input type="checkbox"/> REMANDED C <input type="checkbox"/> RELEASED OR D <input type="checkbox"/> SIGNED PROMISE TO APPEAR E <input type="checkbox"/> DISCHARGED	
	BAIL: BBRST <input type="checkbox"/> REMAINS AS SET \$ BBING <input type="checkbox"/> INCREASED BBRED <input type="checkbox"/> REDUCED BBSET <input type="checkbox"/> BAIL SET AT \$ BBNBA <input type="checkbox"/> NO BAIL ALLOWED	
CUSTODY STATUS	MSP. <input type="checkbox"/> E <input type="checkbox"/> PRISON F <input type="checkbox"/> 1203.03 G <input type="checkbox"/> PC 1370 COMMIT/PACKET PEND PREP: SECMA <input type="checkbox"/> FOR A TOTAL TERM OF _____ YEARS; _____ MONTHS	
	TCSDA <input type="checkbox"/> DAYS SECTS <input type="checkbox"/> CREDITS: _____ PLUS GTWT: _____ TOTAL DAYS	
DEFENDANT / ATTY	SH _____ DATE: _____ TIME: _____ DEPT: _____ SHVAC: _____	
	SH _____ DATE: _____ TIME: _____ DEPT: _____ SHVAC: _____	
DEFENDANT / ATTY	APCUB <input type="checkbox"/> IN-CUSTODY APCOT <input type="checkbox"/> CUST/OTH APNTC <input type="checkbox"/> NOT TRANSPORTED APFTA <input type="checkbox"/> NOT PRES APLAT <input type="checkbox"/> APP. LATE MIDFA <input type="checkbox"/> DEF TO PERSONALLY APPEAR	
	APNOT <input type="checkbox"/> DA NOT PRES. APWOC <input type="checkbox"/> W/O CNLS APDPD <input type="checkbox"/> W/PUB DEF. APWAT <input type="checkbox"/> WATTY APADO <input type="checkbox"/> WADO	
DEFENDANT / ATTY	APAFD <input type="checkbox"/> ATTY APP. FOR DEF. APATY <input type="checkbox"/> WATTY OF REC. APCCR <input type="checkbox"/> ATTY APP. FOR ATTY OF REC.	
	RA <input type="checkbox"/> ARRGN <input type="checkbox"/> INFORMED OF ALLEGED CHARGES ARWVD <input type="checkbox"/> FORMAL ARR. WAIVED TNOKE <input type="checkbox"/> ANSWERS TO NAME AS CHARGED	
DEFENDANT / ATTY	TNOTH <input type="checkbox"/> TRUE NAME MIPAS <input type="checkbox"/> PREIMINARY ALCOHOL SCREENING MIBAC <input type="checkbox"/> BLOOD ALCOHOL LEVEL	
	WCPRO <input type="checkbox"/> DEF. WAIVES CNLS PADRT <input type="checkbox"/> DEF. TO RETAIN CNLS MI <input type="checkbox"/> CNLS STIP: ERA <input type="checkbox"/> DIGITAL IS OFFICIAL REC. WPR <input type="checkbox"/> WAIVES REPTR	
DEFENDANT / ATTY	AROR <input type="checkbox"/> COPY OF COMPLAINT TO: C <input type="checkbox"/> DEFENDANT D <input type="checkbox"/> COUNSEL APPRO <input type="checkbox"/> P.O. _____ PRES.	
	RCA <input type="checkbox"/> COPY OF INFORMATION TO A <input type="checkbox"/> COUNSEL B <input type="checkbox"/> DEFENDANT ARPH <input type="checkbox"/> COPY OF PRELIM TRANSCRIPT TO: A <input type="checkbox"/> CNLS FOR DEF. B <input type="checkbox"/> DEF.	
DEFENDANT / ATTY	INTAF <input type="checkbox"/> SPANISH <input type="checkbox"/> LANG. INTERPRETER _____ APPEARED. OATH ON FILE W/ THE CLERK OF THE COURT PUR. TO EC751(C).	
	PADTR <input type="checkbox"/> DEF. REOTS APPT. OF CNLS FDDFN <input type="checkbox"/> FINANCIAL STATEMENT FILED. MIOO1 <input type="checkbox"/> DEF. PROV. WIFINANCIAL STATEMENT PAARA <input type="checkbox"/> P.D. APPOINTED	
DEFENDANT / ATTY	PAFEP <input type="checkbox"/> PAY \$25 PD FEE MIAFC <input type="checkbox"/> PD FEE WAIVED PAARF <input type="checkbox"/> NOT ELIGIBLE, PD DENIED NOTIC <input type="checkbox"/> SEMI-IND LIST	
	PARFT <input type="checkbox"/> PD DEC. CONFLICT PARAF <input type="checkbox"/> AFFIDAVIT FILED MIPDR <input type="checkbox"/> PD RELIEVED PAADO <input type="checkbox"/> ADO APPTD PACDC <input type="checkbox"/> ADO DEC. CONFLICT	
DEFENDANT / ATTY	PAFRI <input type="checkbox"/> ADO TO BE NOTIFIED. PAARB <input type="checkbox"/> ATTY. PRES & ACCEPTS APPT. PAFEE <input type="checkbox"/> ADVISED MAY PAY FOR P.D. SERVICES	
	BB <input type="checkbox"/> BAILBOND # _____ FOB <input type="checkbox"/> FORFEITED IBF <input type="checkbox"/> REINST. FORF. SET ASIDE BBEXB <input type="checkbox"/> EXON	
BAIL/WARRANT	BB <input type="checkbox"/> CASH BAIL FOC <input type="checkbox"/> FORFEITED IAB <input type="checkbox"/> REINSTATED EXA <input type="checkbox"/> EXONERATED MOBVD <input type="checkbox"/> TO SET ASIDE FORF. & REINT BB# _____ IS _____	
	WWORR <input type="checkbox"/> O.R. REVOKED WWBWO <input type="checkbox"/> B/W ORDERED BY _____ FOR _____ BAIL SET \$ _____ WWWNB <input type="checkbox"/> NO BAIL	
BAIL/WARRANT	PROBR <input type="checkbox"/> PROB. REV. RETAIN JUR. CSPOS <input type="checkbox"/> POST BAIL OR SURRENDER WWAOR <input type="checkbox"/> D.A. TO PREP. AW WW <input type="checkbox"/> RECALL: REB <input type="checkbox"/> B/W REA <input type="checkbox"/> AW	
	WWOHD <input type="checkbox"/> B/W HELD BY _____ TO _____ AT _____ IN _____ DEPT _____ WWREO <input type="checkbox"/> B/W REMAINS OUT WW <input type="checkbox"/> RESCIND: BWQ <input type="checkbox"/> BW AWQ <input type="checkbox"/> AW	
MOTIONS	MOORF <input type="checkbox"/> MOTION FOR O.R. RELEASE: CSOOR <input type="checkbox"/> PEOPLE OBJECT O.R. MOOR <input type="checkbox"/> O.R. RELEASE IS: MOBR <input type="checkbox"/> REDUCTION OF BAIL: A <input type="checkbox"/> GRANTED B <input type="checkbox"/> DENIED	
	MOSA <input type="checkbox"/> PC 995 MOTION A <input type="checkbox"/> GRANTED, CT# _____ B <input type="checkbox"/> GRANTED, CASE DISM. C <input type="checkbox"/> DENIED MI <input type="checkbox"/> MOD OF SENT: MSG <input type="checkbox"/> GRANTED RDE <input type="checkbox"/> DENIED	
MOTIONS	MOST <input type="checkbox"/> STRIKE PRIOR CONV.-G <input type="checkbox"/> GRANTED D <input type="checkbox"/> DENIED MOSU <input type="checkbox"/> SUPPRESS PER 1538.5 IS D <input type="checkbox"/> GRANTED B <input type="checkbox"/> DENIED	
	COPNB <input type="checkbox"/> PLEA OF GUILTY/NOLO SET ASIDE, PLEA OF NG ORDERED ENTERED, CASE DISM. PUR. PC 1203.4	
MISC.	PSCPR <input type="checkbox"/> CRIMINAL PROCEEDINGS REINSTATED OTHER <input type="checkbox"/> MI <input type="checkbox"/> SIC <input type="checkbox"/> SHOWN MIF <input type="checkbox"/> FILED IN COURT	
	MEX <input type="checkbox"/> CT. APPOINTS _____ TO EXAM. DEF. PURS. TO A <input type="checkbox"/> 1368 B <input type="checkbox"/> 1026 C <input type="checkbox"/> 1017 W F <input type="checkbox"/> 288.1 G <input type="checkbox"/>	
MISC.	PSP <input type="checkbox"/> CRIMINAL PROCEEDINGS SUSP. PER: A <input type="checkbox"/> PC 1368 B <input type="checkbox"/> 4011.6 MIEVA <input type="checkbox"/> 4011.6 EVAL. TO BE CONDUCTED AT MO.CO. JAIL	
	MDSQ <input type="checkbox"/> 1203.03 PC. DIAGNOSES TO BE CONDUCTED AT _____ DEPT. OF CORRECTIONS.	
AMENDMENT	FDMAC <input type="checkbox"/> AMENDED COMP. FILED AMCDF <input type="checkbox"/> COMP. AMENDED ORALLY IN OPEN CRT AM <input type="checkbox"/> INFO AMENDED: IFG <input type="checkbox"/> ORALLY IN OPEN CRT IFA <input type="checkbox"/> FILED IN OPEN CRT	
	AM <input type="checkbox"/> COMPLAINT AMENDED A <input type="checkbox"/> AS TO CT _____ B <input type="checkbox"/> ADD CT _____ AM_AA <input type="checkbox"/> INFORMATION AMENDED: 1 <input type="checkbox"/> AS TO CT _____ 2 <input type="checkbox"/> ADD COUNT _____	
AMENDMENT	A <input type="checkbox"/> FELONY B <input type="checkbox"/> MISD C <input type="checkbox"/> MISD (17 PC) F <input type="checkbox"/> INF. CHARGE(S) _____	
	A <input type="checkbox"/> D.A. B <input type="checkbox"/> COUNSEL C <input type="checkbox"/> COURT AMDRD <input type="checkbox"/> DA'S STATEMENT IN SUPPORT OF REDUCTION PURS TO VC 23212 FILED	
AMENDMENT	WTIM <input type="checkbox"/> A <input type="checkbox"/> TIME WAIVED B <input type="checkbox"/> TIME WAIVED BY COUNSEL C <input type="checkbox"/> TIME NOT WAIVED URDU <input type="checkbox"/> VC23103.5(A) ADVISEMENT	
	PLEN <input type="checkbox"/> PLEA OF: A <input type="checkbox"/> NG TO ALL COUNTS B <input type="checkbox"/> NG TO COUNT(S) _____ PLNGA <input type="checkbox"/> NG PLEA BY REASON OF INSANITY PLDEN <input type="checkbox"/> DENIES ENHANCEMENTS	
CHARGE/POSITION	PLED <input type="checkbox"/> PLEA OF: C <input type="checkbox"/> GUILTY AS CHARGED D <input type="checkbox"/> GUILTY TO COUNT(S) _____ A <input type="checkbox"/> NOLO B <input type="checkbox"/> NOLO TO CT(S) _____	
	PLEDG <input type="checkbox"/> PLEA ENTERED ON COND. PLDEB <input type="checkbox"/> DEF. ELIG. FOR DEF: A <input type="checkbox"/> GUILTY PLEA IS ENTERED B <input type="checkbox"/> GUILTY PLEA AS TO COUNT _____ PSEVH <input type="checkbox"/> DEF. TO ENROLL IN V.H.A. AND SHOWS PROOF.	
CHARGE/POSITION	CDEN <input type="checkbox"/> ALLEG. # _____ PURS. _____ AS ALLEGED IN CT. _____ IS: A <input type="checkbox"/> ADMITTED B <input type="checkbox"/> DENIED C <input type="checkbox"/> STRICKEN	
	PLE <input type="checkbox"/> PLEA ENTERED: PW <input type="checkbox"/> PURS. TO PEO VS. WEST. MW <input type="checkbox"/> BY MILLS WAIVER FDPMW <input type="checkbox"/> MILLS WAIVER FILED MIAPS <input type="checkbox"/> ADMITS _____ PRIOR CONVICT.	
CHARGE/POSITION	PLADA <input type="checkbox"/> PLEA ACCEPTED BY DA & APPROVED BY CT (PC1192.5) MIFBP <input type="checkbox"/> STIPULATED FACTUAL BASIS	
	JTEM <input type="checkbox"/> DEF. DEMANDS JURY TR. JTWVD <input type="checkbox"/> DEF. WAIVES JURY TR. JTWDA <input type="checkbox"/> JURY TRIAL WAIVED BY D.A. _____	
CHARGE/POSITION	COD <input type="checkbox"/> CASE DISM. CDF <input type="checkbox"/> COUNT(S) _____ DISM. DSU <input type="checkbox"/> REMAINING COUNTS TO BE: S <input type="checkbox"/> DISM. @ SENTG B <input type="checkbox"/> UNDER SUB.	
	A <input type="checkbox"/> COURT B <input type="checkbox"/> D.A. A <input type="checkbox"/> INT. OF JUSTICE (PC1385) C <input type="checkbox"/> INSUFFICIENT CAUSE (PC 871) E <input type="checkbox"/>	
CHARGE/POSITION	WTIM <input type="checkbox"/> A <input type="checkbox"/> TIME WAIVED B <input type="checkbox"/> TIME WAIVED BY ATTY C <input type="checkbox"/> TIME NOT WAIVED MINLC <input type="checkbox"/> NO LEGAL CAUSE MIAR <input type="checkbox"/> ARBUCKLE: A <input type="checkbox"/> WAIVED B <input type="checkbox"/> NOT WAIVED	
	URPLA <input type="checkbox"/> CT. EXPLAINS WAIVER OF RIGHTS URWVR <input type="checkbox"/> READ WAIVER OF RIGHTS SIGNED & FILED WTSTC <input type="checkbox"/> TIME WAIVED FOR SENT.	
CHARGE/POSITION	PRPSI <input type="checkbox"/> REFERRED TO THE PROBATION DEPT FOR PRE-SENTENCING REPORT ON _____ AT _____ IN _____ CTRM _____	
	WRPRF <input type="checkbox"/> DEF. WAIVES PROB. REF & REQTS IMMED SENT. MICSC <input type="checkbox"/> PARTIES STIP MATTER IS CERT TO SUP COURT ON EXISTING COMPL & FOR IMMED SENT.	
CHARGE/POSITION	WRPRW <input type="checkbox"/> CT EXPLAINS LEGAL RIGHTS AFFECTED BY WAIVER OF PROB. REPT., DELAY IN SENTG. & FINDS DEF. UNDERSTANDS & KNOWINGLY WAIVES RIGHTS	
	MICSB <input type="checkbox"/> PARTIES STIPULATE MATTER IS CERTIFIED ON EXISTING COMPLAINT, COMPLAINT IS HEREBY DEEMED THE INFORMATION.	
CHARGE/POSITION	SHASC <input type="checkbox"/> DEF. IS ORDERED TO APPEAR FOR ARR. ON INFORMATION ON _____ AT _____ IN _____ DEPT. _____	
	PLWCA <input type="checkbox"/> MOTION TO WITHDRAW NIG PLEA ENTERED COND. PLEA MOWNG <input type="checkbox"/> MOTION TO WITHDRAW GRANTED. RASCA <input type="checkbox"/> ADVISED OF PENALTIES	
PLEA ADVISEMENTS	PRCSI <input type="checkbox"/> PLEA ENTERED ON COND. DEF. RECEIVES FELONY PROBATION PRCSK <input type="checkbox"/> PER STIP. DEF. TO RECEIVE THE _____ TERM OF _____ YRS _____ MOS.	
	RASC <input type="checkbox"/> MAX. PENALTY _____ YRS _____ MO'S: C <input type="checkbox"/> PRISON D <input type="checkbox"/> AND PAROLE _____ YRS _____ MO'S L <input type="checkbox"/> COUNTY JAIL	
PLEA ADVISEMENTS	RASC <input type="checkbox"/> IF ON PROBATION OR PAROLE CAN OPERATE AS VOP RASCN <input type="checkbox"/> IF VIOLATES PROB. MAX PENALTY _____	
	UR3SA <input type="checkbox"/> DEF. UNDERSTAND HE/SHE PLEADS TO SERIOUS OR VIOLENT FELONY, A STRIKE RAPST <input type="checkbox"/> INFORMED PLEA WOULD CONSTITUTE _____ STRIKE(S)	
PLEA ADVISEMENTS	ARMB <input type="checkbox"/> CONV MAY BE ALLEGED AS A PRIOR MIPTP <input type="checkbox"/> SUBSTANT PETTY THEFT CONV. IS A FELONY RASCB <input type="checkbox"/> CONSEQ. OF DEPORTATION	
	URAH <input type="checkbox"/> J <input type="checkbox"/> REST. FINE WILL BE IMPOSED. G <input type="checkbox"/> NO FIREARMS - TEN YEARS I <input type="checkbox"/> NO FIREARMS - LIFETIME H <input type="checkbox"/> MAY ATTEND CNSLNG	
PLEA ADVISEMENTS	RASC <input type="checkbox"/> ADVISED CONVICTION OF THIS OFFENSE WOULD REQUIRE REGISTRATION PUR. H <input type="checkbox"/> PC 290 I <input type="checkbox"/> HS 11590 J <input type="checkbox"/> PC 457.1(B) M <input type="checkbox"/> PC 186.22(b)(1)	
	PRREG <input type="checkbox"/> CASE CALLED FOR HEARING ON PET. FOR REV./MOD. OF PROB. FILED ON _____ ALLEGING DEF. VIOL. COND. OF PROB.	
PROBATION	ARRVO <input type="checkbox"/> DEF. ARR. ON V.O.P. ARGRP <input type="checkbox"/> DEF. ADVISED OF ALLEG(S) RE: PET. _____ RALEG <input type="checkbox"/> ADVISED OF CONST. & LEGAL RIGHTS	
	RALRK <input type="checkbox"/> ADVISED OF RIGHT TO HRG. ARGRA <input type="checkbox"/> COPY OF PET FOR REV PROB GIVEN TO DEF. ARGRC <input type="checkbox"/> COPY OF PET TO REV PROB GIVEN TO CNLS	
PROBATION	WRPVA <input type="checkbox"/> ACKNOWLEDGES & WAIVES FORMAL HRG WRAPA <input type="checkbox"/> ACKNOWLEDGES & WAIVES FORMAL HRG (SPECIFICALLY QUERIED)	
	PLDVA <input type="checkbox"/> VIO OF PROB DENIED BY DEF: B <input type="checkbox"/> DENIED BY CNLS PREVO <input type="checkbox"/> PROB. REVOKED MIRRF <input type="checkbox"/> RE-REFERRED TO _____	
PROBATION	PLAVA <input type="checkbox"/> VIO. OF PROB. ADMITTED BY DEF FOR B <input type="checkbox"/> VIO. OF PROB ADMITTED BY DEF THROUGH CNLS	
	WRUCR <input type="checkbox"/> CRT FINDS DEF. UNDERSTANDS CONST. RIGHTS/WAIVER RALRM <input type="checkbox"/> DEF. ADVISED ADMISSION MAY EXCLUDE FROM FURTHER PROP.36 TREATMENT	
PROBATION	PRFBP <input type="checkbox"/> FACTUAL BASIS FOR ADMISSION OF VOP STATED BY PARTIES PRACA <input type="checkbox"/> COURT ACCEPTS ADMISSION	
	PRFIB <input type="checkbox"/> DEF. FOUND IN VIOL. OF PROB. BASED ON _____ PROBK <input type="checkbox"/> REVOKED & REINST. ON SAME TERMS & COND	
PROBATION	PRPAB <input type="checkbox"/> PET. TO REVOKE WITHDRAWN/ISD. COND. SENTENCE PRAMC <input type="checkbox"/> PROB. REINSTATE AND MODIFIED AS TO _____	
	MOPRA <input type="checkbox"/> UPON MOTION OF _____ PETITION FILED ON _____ IS ORDERED DISMISSED PRAPE <input type="checkbox"/> ORAL REPORT GIVEN BY P.O. _____	
PROBATION	PRPSK <input type="checkbox"/> REF. TO PROB. DEPT. FOR SUPPLEMENTAL REPT _____ AT _____ IN _____ DEPT _____	

Superior Court of California, County of Monterey

CASE NO: _____ PEOPLE VS. _____ PAGE _____ OF _____

TCPC ☐ IMPOSITION OF SENTENCE SUSPENDED, DEF. PLACED ON PROBATION FOR A PERIOD OF _____ YEARS; _____ MONTHS; ON CONDITION OBEYS ALL LAWS: PROBATION: E ☐ CONDITIONAL G ☐ CONDITIONAL AS TO COUNT _____ TCDNT ☐ DO NOT COMMIT SIMILAR OFFENSE
 PROB ☐ A ☐ PROBATION DENIED N ☐ PROBATION DENIED AS TO COUNT _____ TCNPS ☐ SENTENCING, NON PROBATION

TCBA ☐ SUBMIT TO A CHEMICAL TEST E ☐ UPON THE REQUEST OF ANY PEACE OFFICER. S ☐ AND FIELD SOBRIETY TEST.
 TCNAS ☐ NOT DRIVE WITH ALCOHOL/DRUGS IN SYSTEM TCNAL ☐ NOT DRINK ANY ALCOHOLIC BEVERAGE TCNAB ☐ DO NOT CONSUME ALCOHOLIC AGE 21
 TCLAI ☐ NOT OPERATE MOTOR VEHICLE UNLESS LICENSED BY STATE OF CA & INSURED.

TCNP ☐ P ☐ DO NOT USE OR POSSESS CONTROLLED SUBSTANCES OR PARAPHERNALIA. M ☐ WITHOUT DR.'S PRESCRIPTION
 TCTRU ☐ WHEN ASKED BY POLICE OFFICER, MUST GIVE TRUE NAME AT ALL TIMES.
 TCVID ☐ MUST CARRY A VALID CALIFORNIA I.D. OR DRIVER'S LICENSE AT ALL TIMES, WITH TRUE NAME ON IT.

TCLJ ☐ DRIVER'S LICENSE A ☐ REVOKED C ☐ SUSPENDED FOR _____ YEARS; _____ MONTHS _____ DAYS.
 TCLJF ☐ DRIVER LICENSE ORDERED SUSPENDED IN LIEU OF ALCOHOL PROGRAM.
 TCTHO ☐ DEFENDANT DESIGNATED A HABITUAL TRAFFIC OFFENDER FOR A PERIOD OF 3 YEARS.

TCCAC ☐ ENROLL AND ATTEND _____ AA MEETINGS PER _____ FOR _____, SUBMIT PROOF BY _____
 TCC ☐ DEFENDANT TO REPORT AND ENROLL IN THE COUNTY APPROVED PROGRAM:
 B1 ☐ CBI-YOUTH OFFENDER AH ☐ 12 HOUR WET RECKLESS 1ST OFFENDER ALCOHOL A J ☐ 3 MONTH A K ☐ 6 MONTH A I ☐ 2ND OFFENDER

TCINO ☐ INSTALL IGNITION INTERLOCK DEVICE FOR A PERIOD OF _____ YEARS. TCGIN ☐ BY _____ FOR _____
 TCGIN ☐ INSTALL IGNITION INTERLOCK DEVICE BY _____ FOR _____, FILE PROOF BY _____
 TCIND ☐ ADVISED MAY NOT DRIVE ANY MOTOR VEHICLE WITHOUT AN IGNITION INTERLOCK DEVICE & A VALID DRIVER'S LICENSE.

TCNIA ☐ NOT OWN OR OPERATE A MOTOR VEHICLE WITHOUT A PROPERLY INSTALLED INTERLOCK DEVICE.
 TCLL ☐ PROOF OF P ☐ VALID CALIFORNIA LICENSE N ☐ LIABILITY INSURANCE ☐ TCOTH _____, FILED BY _____
 TCNSG ☐ _____, PREVIOUSLY ORDERED IS DELETED. MIRRF ☐ RE-REFERRED TO _____.

SERG ☐ REGISTER AS REQUIRED PURSUANT A ☐ 290 PC SEX OFFENDER B ☐ 11590 NARCOTIC OFFENDER ☐ 186 GANG ☐ OTH: _____
 TCCA ☐ ENROLL AND ATTEND A ☐ THEFT OFFENDER PROGRAM E ☐ ASSAULTIVE BEHAVIOR F ☐ _____
 TCCAG ☐ ATTEND PROGRAM ON _____ TCHIF ☐ DEF. ORDERED TO SUBMIT TO HIV TESTING.

TCNFA ☐ DEF. SHALL NOT OWN OR POSSESS ANY FIREARMS. TCWPN ☐ WEAPON ORDERED CONFISCATED AND DESTROYED
 TCWPA ☐ WEAPON, TO WITNESS _____ TO BE DISPOSED OF ACCORDING TO LAW.
 TCNCR ☐ DO NOT RESIST, DELAY OR OBSTRUCT ANY PEACE OFFICER DURING THE PERFORMANCE OF THEIR DUTY.

TCGNA ☐ NOT ASSOCIATE WITH ANY INDIVIDUALS KNOWN TO BE GANG MEMBERS OR ON PROBATION OR PAROLE.
 TCGNB ☐ NOT BE IN ANY KNOWN GANG GATHERING AREA.
 TCGNE ☐ NOT USE NOR HAVE IN POSSESSION ANY ELECTRONIC PAGING DEVICE, POLICE SCANNER OR CELLULAR PHONE.

TC52F ☐ VOLUNTARILY SUBMIT PERSON, VEHICLE, PLACE OF RESIDENCE OR AREA, SEARCH FOR & SEIZURE AT ANY TIME OF DAY OR NIGHT WITH/ WITHOUT SEARCH WARRANT; WITH/ WITHOUT PROBABLE CAUSE AS DIRECTED BY ANY P.O. OR PEACE OFFICER

TCCUH ☐ PAY A FINE OF \$ _____ TO THE MO.CO. REVENUE DIVISION, FORTHWITH
 TCCUA ☐ PAY FINE OF \$ _____, AS TO COUNT _____ TO MO. CO. REVENUE DIV. & ESTABLISH A PAYMENT PLAN., FIRST PAYMENT DUE _____
 TCCUA ☐ PAY FINE OF \$ _____, AS TO COUNT _____ TO MO. CO. REVENUE DIV. & ESTABLISH A PAYMENT PLAN., FIRST PAYMENT DUE _____

TCCUB ☐ PAY FINE OF \$ _____ TO THE MO. CO. REVENUE DIV. & ESTABLISH A PAYMENT PLAN., FIRST PAYMENT DUE _____
 TCSEC ☐ PAY FEE \$ _____ COURT SECURITY (1465.8(A)(1)PC) PAYABLE THROUGH THE MONTEREY COUNTY REVENUE DIVISION
 TCCUK ☐ ORIGINAL FINE MODIFIED \$ _____, DEF. TO REPORT TO MO.CO. REVENUE DIVISION. PAY DUE DATE: _____

TCCUP ☐ PAY ADDITIONAL RESTITUTION FINE OF \$ _____ AS DIRECTED BY THE MONTEREY COUNTY REVENUE DIV. BY _____, (PC 1202.4(B))
 TCRV ☐ PAY VICTIM RESTITUTION IN THE AMOUNT OF \$ _____ T ☐ DIRECTLY TO VICTIM. O ☐ BY _____, (PC 1202.4(f))
 TCRJO ☐ PAY RESTITUTION JOINTLY AND SEVERALLY TCRJP ☐ COURT RETAIN JURISDICTION FOR PURPOSES OF RESTITUTION.

TCCVJ ☐ PAY \$ _____ FINE PURSUANT TO PC 290.3 ☐ TCOTH _____
 TCCUU ☐ PAY FINE/FEE TO MO.CO. REVENUE DIVISION, LOCATED AT 240 CHURCH ST., 1ST FLOOR, E WING, ROOM 121, SALINAS, CA OR MAIL TO P.O. BOX 60,
 TCFRI ☐ PAY VICTIM RESTITUTION IN THE AMT TO BE DETERMINED, PC 1202.4(f) TCRJP ☐ COURT RETAINS JURISDICTION FOR PURPOSES OF RESTITUTION.

☐ NEW SENTENCE ☐ MODIFIED SENTENCE

TCSDA ☐ SERVE _____ DAYS
 TCDIJ ☐ SERVE _____ DAYS, AS TO COUNT _____
 TCCTS ☐ CREDIT _____ DAYS, FOR TIME SERVED.

TCCDS ☐ SUSP. _____ DAYS
 TCCTD ☐ CREDIT _____ ACTUAL DAYS
 TCFJ ☐ AS TO COUNT _____ L ☐ SERVE _____ DAYS IN LIEU OF FINE AT \$ _____ PER DAY, M ☐ CC N ☐ CS : W/ _____

TCJA ☐ THIS COUNT TCJB ☐ THIS CASE
 A ☐ SERVE CONCURRENT WITH FINE
 C ☐ SERVE CONCURRENT W/ CASE _____

E ☐ SERVE CONCURRENT W/ ANY OTHER SENTENCE
 B ☐ SERVE CONSECUTIVE W/ FINE
 D ☐ SERVE CONSECUTIVE W/ CASE _____

F ☐ SERVE CONSECUTIVE W/ ANY OTHER SENTENCE
 A ☐ SERVE CONCURRENT WITH FINE
 C ☐ SERVE CONCURRENT W/ CASE _____

E ☐ SERVE CONCURRENT W/ ANY OTHER SENTENCE
 B ☐ SERVE CONSECUTIVE W/ FINE
 D ☐ SERVE CONSECUTIVE W/ CASE _____

F ☐ SERVE CONSECUTIVE W/ ANY OTHER SENTENCE
 TCDSJ ☐ COMMENCING ON _____ AT _____ TO BE SERVED AT THE MONTEREY COUNTY JAIL.
 TCJ ☐ COURT HAS NO OBJECTION FOR JAIL SENTENCE TO BE SERVED: OC ☐ OUT OF COUNTY AP ☐ IN ANY PENAL INSTITUTION

SENWR ☐ NO WORK ALTERNATIVE PROGRAM ALLOWED. SERWA ☐ COURT RECOMMENDS WORK ALTERNATIVE PROGRAM.
 SEHOM ☐ AFTER SERVING _____ DAYS, CT AUTHORIZES DEF. EARLY RELEASE TO _____, NO CREDIT FOR TIME IN PROGRAM
 SEDAP ☐ DEF ADV. OF ANY AVAIL PROGRAMS. SEHOM ☐ COURT HAS NO OBJECTION TO HOME DETENTION. SEDHD ☐ COURT DENIES HOME DETENTION

AW ☐ DEF. ADVISED OF WORK ALTERNATIVE PROGRAM SERWA ☐ COURT RECOMMENDS W.A.P.
 TCWAP ☐ DEF. ADVISED TO CONTACT THE WORK ALTERNATIVE PROGRAM WITHIN 5 DAYS OF THIS ORDER TO ENROLL IN PROGRAM.
 ARWAP ☐ DEF. ADVISED IF HE/SHE FAILS TO REPORT TO THE MONTEREY COUNTY SHERIFF'S OFFICE TO ENROLL IN THE WORK ALTERNATIVE PROGRAM OR FAILS TO COMPLETE THE WORK ALTERNATIVE HOURS, HE/SHE MUST SURRENDER TO THE COUNTY JAIL ON THE DATE AS ORDERED.

CPR ☐ THE COURT DENIES ALL PROGRAMS SENWR ☐ NO WORK ALTERNATIVE PROGRAM ALLOWED.
 TCRBA ☐ REPORT TO _____ FOR BOOKING & RELEASE TCRBC ☐ CREDIT TIME SERVE _____ DAYS W/ PROOF OF BOOKING
 PRACP ☐ DEFENDANT ACCEPTS TERMS AND CONDITIONS OF PROBATION MIBOF ☐ PAY BOOKING FEES
 MIFTC ☐ ACKNOWLEDGEMENT OF TERMS AND CONDITIONS OF PROB. TO BE FILED BY _____.

COUNTY OF MONTEREY

☐ **MARINA DIVISION**
3180 Del Monte Blvd.
Marina, CA 93933
(831) 883-5300

THE PEOPLE OF THE STATE OF CALIFORNIA VS. <div style="text-align: right;">, Defendant</div>	Case Number / Numeeo de Caso:
	Class Date / Fecha de Clase:
THEFT OFFENDER / ASSAULTIVE BEHAVIOR REFERRAL	

☐ THEFT OFFENDER / OFENSORES DE ROBO

☐ ASSAULTIVE BEHAVIOR / COMPORTAMIENTO VIOLENTO

The Court has ordered you to attend the above indicated class on the date specified. The classes are offered by California Court Services, Inc., (C.C.S.) All classes are held at North Salinas High School, 55 Kip Dr., Salinas, CA., in Rooms 801/803/805. Class begins promptly at 6:00 p.m. and ends at 10:00 p.m. To be admitted you must bring a money order for \$45.00 made payable to C.C.S. No Cash or Personal Checks will be accepted. Do not bring children, friends, or relatives with you.

El Juez le ordenó que asista a la clase y fecha específicamente indicada aquí arriba. Se ofrecen las clases por California Court Services, Inc; {C.C.S.}. Todas las clases serán en North Salinas High School, 55 Kip Dr., Salinas, CA, Salones de clases 801/803/805. Las clases comenzarán a la hora exacta 6:00 p.m. y se terminarán a las 10:00 p.m. Para matricularse tendrá que traer un jiro postal {money order} en la cantidad de \$45.00 dolares; pagable a C.C.S. No se aceptará dinero al contado o cheques. No traiga niños o, amigos o pariente con Usted.

Do not contact C.C.S. or North Salinas High School for information regarding this referral. Registration is on the night of the class.

If you fail to attend as ordered by the Judge, a warrant may issue for your arrest.

No se comunicó con C.C.S. o la Escuela de North Salinas High, para informacion a cerca de esta referencia. Se registrará para la clase esa misma noche.

Si usted falla a presentarse a la clase como se lo ordeno el Juez, pueden mandar una order de arresto para Usted.

☐ DEFENDANT COMPLIED

☐ OTHER: _____

☐ DEFENDANT FAILED TO COMPLY

I declare under penalty of perjury that the above is true and correct to the best of my knowledge.

Dated: _____ By: _____

FOR COURT USE ONLY.

Probation is REVOKED, subject to MORRISSEY HEARING, Issue a bench warrant with a bail of \$ _____.

Dated: _____

Judge

NORTH SALINAS HIGH SCHOOL
55 Kip Drive
Salinas, CA 93902



111

NEXT APPEARANCE: DATE: _____ AT: _____ DEPT: _____ LOCATION: ☐ MARINA ☐ KING CITY ☐ SALINAS
☐ COURT TRIAL ☐ SENTENCING ☐ _____

APPEARANCES: ☐ DEFENDANT/MINOR PRESENT ☐ DEFENDANT / MINOR NOT PRESENT ☐ MOTHER: ☐ FATHER ☐ OTHER: _____
☐ DEFENSE ATTORNEY: _____ ☐ PUBLIC DEFENDER _____ ☐ DISTRICT ATTORNEY: _____
☐ O.R. ☐ IN-CUSTODY ☐ CUSTODY-OTHER BAIL: \$ _____ BOND #/RECPT# _____ POSTED BY: _____

WARRANT/BAIL: ☐ O.R. REVOKED ☐ B/W ORDERED FOR _____ BAIL SET \$ _____ ☐ RECALL WARRANT
☐ B/W ORDERED RESCINDED ☐ MATTER O/C, NFP BAIL APPLIED ☐ TO FINE ☐ TO FINE, CASE CLOSED ☐ APPLY BAIL, BAL. REF.
☐ REFUND BAIL ☐ POST BAIL \$ _____ BY _____ ☐ CASH BAIL FORFEITED, NFA ☐ CASH BAIL FORFEITED
BOND # _____ ☐ FORFEITED ☐ REINSTATED ☐ EXONERATED.

ARRAIGNMENT/PLEA:
☐ ADVISED OF RIGHTS ☐ INFORMED OF CHARGES ☐ WAIVER OF RIGHTS SIGNED ☐ NOT GUILTY PLEA WITHDRAWN
☐ GUILTY AS CHARGED. ☐ GUILTY TO COUNT(S) _____ ☐ NOLO ☐ NOLO TO COUNT(S) _____
☐ NOT GUILTY TO ALL COUNTS ☐ NOT GUILTY TO COUNT(S) _____ TIME WAIVED ☐ DEF. ☐ COUNSEL ☐ TIME NOT WAIVED.

PROOF OF CORRECTION: ☐ PROOF OF: ☐ CDL ☐ REGISTRATION ☐ INS. AT VIOL. DATE ☐ INS. AFTER VIOL. DATE FILED.
☐ PROOF OF SHOWN: ☐ PROOF SHOWN ON COUNT _____

COURT TRIAL PROCEEDINGS: ☐ COMMENCED ☐ TRIAL HELD IN ABSENTIA
☐ WITNESS SWORN & TESTIFIED FOR THE PEOPLE: ☐ FOR THE DEFENDANT:

☐ EXHIBITS ADMITTED ON BEHALF OF THE PEOPLE: ☐ FOR THE DEFENDANT:
A ☐ MARKED B ☐ RECEIVED A ☐ MARKED B ☐ RECEIVED

☐ PEOPLE REST ☐ DEFENSE REST ☐ CASE TAKEN UNDER SUBMISSION
COURT FINDS DEFENDANT: ☐ GUILTY AS TO COUNT: _____ ☐ NOT GUILTY AS TO COUNT _____

JUDGMENT/SENTENCING:
☐ CASE DISMISSED: ☐ COUNT _____ DISMISSED: ☐ BY COURT ☐ BY DA ☐ INT. OF JUSTICE ☐ INSUF. EVID. ☐ OTHER _____
☐ IMP. OF SENT. SUSP., FOR _____ YRS. ☐ MO. (S), OAL. ☐ NO SIMILAR OFFENSES ☐ NOT DRIVE W/O VALID CDL & INS.
☐ PAY FINE OF \$ _____ + _____ FEE @ \$ _____ PER MONTH, BEGINNING _____
☐ PAY CIVIL ASSESSMENT \$ _____ ☐ VACATE C/A ☐ COURT ☐ COLLECTION AGENCY
☐ PAY FINE OF \$ _____ AS TO COUNT _____ ☐ PAY FINE OF \$ _____ AS TO COUNT _____ AS TO COUNT _____ AS TO COUNT _____
☐ FINE REDUCED TO \$ _____ W/PRF OF _____ BY _____
☐ DRIVING PRIVILEGE T ☐ SUSPENDED V ☐ DELAYED FOR A PERIOD OF _____ YRS; _____ MO'S; _____ DAYS, EFFECTIVE: _____
☐ PURSUANT TO VC ☐ 13202.5 ☐ VC 13202.6 OTHER ☐ _____ ☐ DL SURRENDERED

PROGRAM REFERRALS:
☐ T/S GRANTED, LEVEL ☐ I ☐ II ☐ DENIED _____ ☐ FILE PROOF OF _____ BY _____
☐ PAYS \$ _____ + \$ _____ T.S.S. FEE DUE _____ ☐ REPORT AND REGISTER AT CLERK'S OFFICE IMMEDIATELY.
☐ C.B.I. ☐ CHOICES ☐ BIKE SAFETY CLASS ☐ 308(B) P.C. OTHER ☐ _____

JAIL/COMMITMENT/CUSTODY STATUS:
☐ SERVE _____ DAYS ☐ CREDIT _____ DAYS ☐ _____ DAYS SUSPENDED.
☐ PAY FINE \$ _____ OR IN LIEU SERVE _____ DAYS AT \$ _____ PER DAY ☐ (CC) ☐ AS TO COUNT _____ (CC)
☐ COMMENCING ON _____ AT _____ AT MONTEREY COUNTY JAIL. ☐ (CS) ☐ AS TO COUNT _____ (CS)
DEFENDANT TO: ☐ REMAIN ON O.R. ☐ REMAIN IN-CUSTODY ☐ REMAIN ON BAIL
☐ REMANDED TO CUSTODY OF SHERIFF ☐ RELEASED O.R. ☐ DISCHARGED ☐ BAIL SET AT _____
CASE / COUNT(S) MAY BE DISMISSED UPON COMPLETION OF _____
SENTENCE IS SUSPENDED PENDING _____

TR-170 (Revised November 2009)

TRAFFIC MINUTE ORDER

Mail your payment to: Superior Court, 3180 Del Monte Blvd, Marina, CA 93933. Failure to pay may result in additional penalties and/or referral to a Collection Agency.

RECORDS FROM: CENTRAL VALLEY BUSINESS FORMS • (800) 350-5955 • www.cvb.com 9502459

NO. _____

EXHIBITS

VS _____

JUDGEMENT DATE _____
DESTRUCTION DATE _____

NO. _____

CHECK IF ANY OF FOLLOWING
ITEMS ARE CONTAINED IN THIS
ENVELOPE

NARCOTICS

**VALUABLES FOR
SAFE KEEPING**

FRAGILE

ANY DOCUMENT CONVEYING
TITLE OF CREATING LIEN
ON REAL PROPERTY

ANY ITEM REQUIRING
SPECIAL HANDLING

FOR EXHIBIT ROOM USE ONLY

OTHER EXHIBITS LOCATED

LIST OF ADDITIONAL
EXHIBITS INSIDE

NOTE: COURT CLERKS WILL LIST ALL EXHIBITS, IF ADDITIONAL SPACE
IS REQUIRED LIST ON SHEET OF PAPER, PLACE IN ENVELOPE AND NOTE.

Confidential Report

NO. + NAME _____

THE ENCLOSED MATERIAL IS CONFIDENTIAL

☐ PROBATION REPORT CONFIDENTIAL AS OF _____

(DATE)

☐ PROBATION REPORT CONFIDENTIAL AS OF _____

(DATE)

☐ DIAGNOSTIC REPORT

☐ HOSPITAL RECORDS DATED _____

☐ DOCTOR'S REPORTS DATED _____

☐ GUARDIANSHIP REPORTS

☐ IN CAMERA HEARING TRANSCRIPT OF _____

☐ OTHER _____

**PUBLIC INSPECTION OF THE ABOVE PERMITTED ONLY BY PERSONS
AUTHORIZED BY LAW AND/OR COURT ORDER.**



JUROR

Superior Court of California, County of Monterey

- ☐ 240 Church Street, Suite 318, Salinas, CA 93901
- ☐ 1200 Aguajito Road, Monterey, CA 93940
- ☐ 3180 Del Monte Blvd., Marina, CA 93933
- ☐ 250 Franciscan Way, King City, CA 93930

Superior Court of California, County of Monterey,

☐ 240 Church Street, Suite 318, Salinas, CA 93901

☐ 1200 Aguajito Road, Monterey, CA 93940

☐ 3180 Del Monte Blvd., Marina, CA 93933

☐ 250 Franciscan Way, King City, CA 93930